

## PART B - FEE(S) TRANSMITTAL

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23462 7590 08/02/2004

**CANTOR COLBURN, LLP**  
**55 GRIFFIN ROAD SOUTH**  
**BLOOMFIELD, CT 06002**

11/02/2004 MHEKONE1 00000040 09965617

01 FC:2501 685.00 OP  
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Patricia DiGregorio (Depositor's name)  
 Patricia DiGregorio (Signature)  
 October 28, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/965,617	09/27/2001	Trent M. Molter	PES-0039	8137

TITLE OF INVENTION: ELECTRODE CATALYST COMPOSITION, ELECTRODE, AND MEMBRANE ELECTRODE ASSEMBLY FOR ELECTROCHEMICAL CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	XXXX \$685	\$0	XXXX \$685	11/02/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WILLS, MONIQUE M	1746	429-044000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. CANTOR COLBURN LLP  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Proton Energy Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rocky Hill, CT

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 5

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1130 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Philmore H. Colburn II

October 28, 2004

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